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ABSTRACT

The goal of this group counseling and alcohol education program was that inner city elementary children whose parents frequently drink alcohol would possess knowledge and techniques to help them to cope with their parents' drinking. It was also expected that parents and school personnel would acquire the training and skills to effectively assist these children through their anger and ability to develop effective coping skills at home and in school. Students were self-selected and met each week in seven counseling groups of five students each. Alcohol education training sessions were held for teachers, parents, and groups with students. Weekly 1-hour workshops were held for participating parents. At the end of the year-long program 21 parents were given the Parent Post Questionnaire; 19 teachers were given the Teacher Post Questionnaire; and 35 students were given the Student Post Questionnaire. The overall results of the program were positive with 85% of the elementary students being able to effectively cope with the parental alcoholism. Further analysis indicated that 85% of the teachers could effectively assist pupils in coping with the parental alcoholism. Also, 85% of the parents reported improved communication with their children. The group counseling and alcohol education were positive experiences for all of the students, parents and participating teachers. The initial individual consultations with teachers set the stage for a cooperative partnership between the teachers, students, parents, and program leader. The pre/post questionnaires are appended. (Contains approximately 120 references.) (ABL)

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Improving The Coping Skills Of Inner City Elementary Children Of Alcoholic, Abusive Parents By Implementing Group Counseling And Alcohol Education

By

Cherie A. Steward

Cluster XXXIX

A Practicum II Report for the
Ed.D. Program in Early, Middle Childhood in Partial
Fulfillment of the Requirements for the Degree of the
Doctor of Education

NOVA UNIVERSITY

1993

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PRACTICUM APPROVAL SHEET

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This practicum report was submitted by Cherie Steward under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

2-9-93
Date of Final Approval of Report

Georgianna Lowen
Dr. Georgianna Lowen, Ed.D.
Advisor

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ABSTRACT

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This practicum addressed the problems that many inner city children of alcoholic parents dealt with on a daily basis. The objectives were to increase the students' ability to cope with the parental alcoholism, train educators to assist these pupils to effectively cope with their parental drinking and to improve parent-child communication.

The writer administered a questionnaire to teachers, parents and students; consulted with teachers and parents; developed and supervised alcohol education classes for parents and conducted a group counseling program for students.

The overall results of the practicum were positive with 85% of the elementary students' being able to effectively cope with the parental alcoholism. Further analysis indicated that 85% of the teachers could effectively assist pupils in coping with the parental alcoholism. Also, 85% of the parents reported improved communication with their children. The group counseling and alcohol education program experiences were positive for all of the students, parents and participating teachers. The initial individual consultations with teachers set the stage for a cooperative partnership between the teachers, students, parents and writer.

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CHAPTER I

INTRODUCTION

Description of Work Setting And Community

This practicum was conducted in a large metropolitan city. The community in which this program occurred reflected the cultural, ethnic and socioeconomic composition characteristics of the inner city. The population included people from predominantly Black and Hispanic backgrounds. A majority of the populace were skilled laborers. There was a high level of unemployment and transiency between the communities within the city. There was also a very high level of gang activity in the surrounding areas.

The immediate work setting consisted of a very large inner city, year round public elementary school which served students in kindergarten through grade six. The site consisted of a student population of well over 2,000 students. The site provided full-time, year round elementary counseling services, full-time, year round school psychologist services and full-time, year round nursing services. Additionally, assistance from full-time Chapter I and Bilingual Coordinators was given at this site. The professional staff involved in this program included 75 teachers on three different tracks. One track was always off. Two tracks were always on for four months, while one track was off for four months. The school day was 6.6 hours instead of 6.0

hours a day. So, students only attended school 165 days a year instead of 182. The school year started July 1st. (So, for example; tracks B and C were on track July-October, while track A was off until October). Thus, the student population, continually changed every several months. When students went off track, they had the option of attending special intercession classes. This large, year round, inner city elementary school had much extra classroom and yard space. Exactly 50 percent of the teachers were new emergency credentialed teachers and 50 percent had taught more than fifteen years.

The population that was involved in this pilot group were 21 total parents in 17 families (8 single mothers, 5 single grandmother substitute parents and 8 parents in 4 two parent families of student self-referrals and staff referrals), consisting of 35 elementary children (one first grader, five second graders, five third graders, eight fourth graders, ten fifth graders and six sixth graders). Some students were in the same families. The 21 parents had different numbers of children in various grades. Some of the parents had infants and pre-school children who did not receive group counseling, but were brought to the elementary school once a week for baby-sitting services when the parents attended the weekly two hour chemical dependency and coping skills workshop given by the counselor.

Some families also had junior high school and high school children. Many parents had their children when they were teenagers and either never married or had the grandmothers help raise the children. These 21 parents in 17 families, consisted

of 35 children are with 19 different teachers in different classrooms. These 19 different teachers were involved: one first grade teacher, two second grade teachers, two third grade teachers, four fourth grade teachers, six fifth grade teachers and four sixth grade teachers. Many of these teachers did not know their students had alcoholic parents until the students referred themselves for counseling.

Writer's Work Setting And Role

The writer's work setting consisted of counseling students who were referred for counseling services because of coping difficulties. Counseling sessions were scheduled for thirty to forty-five minutes throughout the day. Usually the writer worked with a group of approximately 7 students in the counseling office. The writer was responsible for the direct counseling program for the students and for assisting the teachers with any student who had behavioral or coping problems. The counseling program included specific counseling responsibilities such as: assessing the needs of pupils and teachers, counseling students who were referred by the staff, monitoring student progress and evaluating performance.

Consultation with the teachers was a regular part of implementing the counseling services for pupils. Additionally, the writer was responsible for assisting with psychological emergencies, like neighborhood gang related shootings. The writer also consulted with parents whenever possible. Typically, it was difficult for parents to come to school because they were working or had many younger children to care for. The writer

was an elementary counselor for students. The writer also acted as a consultant for teachers and parents.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The problem as experienced by the writer was that elementary aged children of alcoholic, abusive parents needed appropriate coping skills to deal with their chaotic family environment and express their feelings. These elementary aged children often were unable to concentrate on class work and complete assignments because their parents physically or emotionally abused them while intoxicated with alcohol.

Problem Documentation

The administration of the Parent Pre Questionnaire, Teacher Pre-Questionnaire and Student Pre Questionnaire, student observations in the classrooms and on the yard and consultations with the parents and teachers demonstrated the difficulty the children had in learning and utilizing coping skills, concentrating and interacting with their peers.

The Parent Pre Questionnaire was individually given to 21 parents, collected by the teachers and returned to the writer. The Teacher Pre Questionnaire was individually given to 19 teachers. The Student Pre Questionnaire was individually administered to 35 students in the counseling office. The results of the Parent Pre Questionnaire (see Table 1) indicated 19 out of 21 total parents felt their children had problems interacting with other children. Eighteen of the 21 parents said

their children did not invite other children to their house to play and they initiated fights with neighborhood children. Also, 12 said their children did not help around the house.

Table 1

Results of Parent's Pre Questionnaire

Questions	Choices		
	Frequently	Sometimes	Never
1. Are your children having problems relating with their siblings and friends near home?	19	2	0
2. Are your children helpful around the house with brothers and sisters?	5	4	12
3. Do your children invite their friends over to play?	18	3	0
4. Do your children express their feelings to you?	1	1	19

N = 21 parents

8 single mothers,
5 grandmothers,
4 two parent families or 8 parents.

The results of the Teacher Pre Questionnaire (see Table 2) indicated all 19 teachers felt their students initiated fights at school and were not friendly with their peers. Eighteen of the 19 teachers reported these pupils did not initiate conversations with their peers. Also, 16 of the 19 educators did not feel these pupils shared their class materials with other classmates and 15 of the 19 teachers did not feel these students were helpful when their peers had problems.

Not surprisingly, 18 of the 19 teachers never felt they were qualified to assist students with their grief about their parent's drinking. Only 1 of the 19 teachers felt she sometimes had adequate skills to assist pupils with their grief. There was a strong need for these educators to be trained to understand how parental alcoholism effects children's ability to relate to other people and perform in school. All 19 of the teachers expressed a desire to learn more about familial alcoholism and abuse.

Table 2

Results of Teacher's Pre Questionnaire

Questions	Choices		
	Frequently	Sometimes	Never
1. Are your students helpful if peers have problems?	2	2	15
2. Do your students share materials with other peers?	1	2	16
3. Are your students friendly and sociable?	0	0	19
4. Do your students initiate conversation with their peers?	0	1	18
5. Do you feel that you have adequate skills to assist pupils with their anger?	19	0	0
6. Do you feel that you have adequate knowledge to identify and assess children from alcoholic, abusive homes?	0	1	18
7. Do you feel you have sufficient knowledge of intervention skills as they relate to children from abusive homes?	0	1	18

N = 19 teachers

The Student Pre Questionnaire results indicated 32 out of 35 students frequently cried and had difficulty solving their problems or decreasing their anger when their parents drink alcohol. Of the 35 students, 30 often wanted to talk with the counselor about their family and they frequently hid when their parents drink alcohol. Of the 35 children, 34 said their parents often drank when they got mad and they felt it was their fault when their parents drank alcohol. Also, 33 of them said their parents frequently got mad and yelled at them. Not surprisingly, all 35 of the children reported they were frequently afraid of their parents when their parents drank alcohol. Also, 31 of the 35 said they did not understand how their parent's drinking effected them and only 4 of them felt sometimes they understood about alcoholism and its' effects (see Table 3).

All these results seemed to indicate these children of alcoholic parents had difficulty coping with their parent's drinking. Their interpersonal relationships and school environment were influenced by their feelings about their parent's drinking. They had difficulty communicating with other children and adults because they continually worried if their parents would be intoxicated and violent. These children continually tried to do whatever they could to please their parents in order to try to prevent their parents from drinking, getting mad at them or yelling at them. When their parents eventually ended up drinking, these children felt like failures. They felt they should have done better.

Table 3

Results of Student's Pre Questionnaire

Questions	Choices		
	Frequently	Sometimes	Never
1. Do you want to talk to the counselor about your family?	30	5	0
2. Do you feel your parents get mad at you?	33	2	0
3. Do your parents drink alcohol (beer, wine etc.) when they are mad?	34	1	0
4. Are you afraid of your parents when they drink alcohol?	35	0	0
5. Do you cry when your parents drink?	32	3	0
6. Do your parents yell at you when they drink alcohol?	33	2	0
7. Do you hide when your parents drink?	30	5	0
8. Do you feel it is your fault your parents drink?	34	1	0
9. Do you try to think of how you can solve the problem of decreasing your anger about your parents drinking so you do not fight with other children?	2	1	32
10. Do you understand about alcoholism and how your parents' drinking effects you?	0	4	31

N = 35 students

In summary, in the writer's setting, the typical student who's parent frequently drank alcohol had problems relating with peers and had difficulty coping with their parent's drinking. From this profile, it appeared these children were emotionally affected by their parent's drinking both in school and at home. To examine the school environment and home environment further, the writer consulted with 19 teachers and 21 parents (among 5 were grandmothers) about their responses regarding 35 children.

Causative Analysis

Educators and parents reported these pupils had difficulty enjoying themselves, playing and were extremely serious. Many of these children had relatives who were violent and were gang members. Some of these children also had relatives who were murdered by gang members.

In addition, the teachers did not feel they had the knowledge and techniques to help these children cope with their parent's drinking. Typically, the parents felt helpless, as if they had no control over stopping themselves from drinking. They usually needed a referral to an outside counseling agency and to Alcoholics Anonymous. Their children were unable to develop effective coping skills to deal with difficult situations because they could not learn it from their parents. These children needed to learn effective coping strategies and problem solving skills from trained educators.

It was believed that the extent and nature of teacher and parental involvement also reflected the teachers' and parents' attitudes, perceptions and evaluations of the children's

emotional reactions in school and home activities. A relationship between teachers' and parents' involvement and perceptions or evaluations relevant to the 35 children's behaviors may have existed.

The teachers felt they did not have adequate training, knowledge, or techniques to assist pupils in coping with their parents' alcoholism or violence and the neighborhood gang violence. Educators needed education and assistance to help students with their situation in appropriate ways. Teachers and parents needed techniques to allow elementary aged children to express their fear.

It was the writer's belief there were eight causes for the stated problem. The teachers were not provided with the knowledge and techniques to help students cope with their anger about the abuse and alcoholism. Non-abusive, non-alcoholic parents felt helpless, as if they had no power to control the alcoholic, abusive parents. Adults often felt they had no or minimal support interventions from the school and community. Adults did not feel comfortable seeking assistance because they did not trust others. Adults were unable to provide children with coping strategies to deal with their anger about the abuse or alcoholism because they had difficulty coping with the child abuse and alcoholism themselves. The parents were often unable to deal with their guilt and there were not helpful school or community resources, or if available, parents were too suspicious to use them. The educators were not actively advocating for education on alcohol, family abuse and gangs. Educators needed

to realize children of alcoholic parents were at great risk of becoming alcoholics as adults, unless they receive intervention and counseling. Educators needed to understand that these children typically displayed similar dysfunctional behavior as their parents and educators needed to learn the characteristics of dysfunctional families. These children would develop alcoholic like characteristics as they grow up (even if they don't become alcoholics), unless educators acted as appropriate role models for them.

Relationship of the Problem to the Literature

Screening Instruments

According to Tamularo, Stone, Barnum and Wharton (1986), the Children of Alcoholics Screening Test (CAST) help measure the children of alcoholics coping with the alcoholism in their family. The CAST is a thirty item inventory that measures children's feelings, attitudes, perceptions and experiences related to their parents drinking behavior. According to Black (1985), the CAST questions were formulated from real-life experiences that were shared by clinically diagnosed children of alcoholics during group therapy. Teacher and parent interviews with the writer revealed that adults noticed children needed assistance coping with their situation, concentrating on school work, and relating to peers after their alcoholic parents physically abused them or they experienced gang violence in their neighborhood.

Other literature gives evidence to the need for alcohol and gang education in the elementary schools. Sheppard and Mitchel

(1986) say children's understanding of alcoholism depends on healthy attitudes of educators. Tamularo, Stone, Barnum, and Wharton (1986) feel counselors need to: explore their attitudes about alcoholism, abuse and gang violence, understand and know the variety of reactions children have. Alcohol and gang violence education should be part of the school curriculum. This education should be included in counselor training programs. Educators have a responsibility to report child abuse. Teachers, counselors, administrators etc. are mandated reporters of child abuse.

According to Karr and Johnson (1987), there are many instruments to measure stress in children such as; Coddington's Life Events Scale-Children; Chandler's Stress Response Scale; Webb, VanDevere and Ott's Structured Pediatric Psychosocial Interview; Phillips' Children's School Questionnaire; and Wiggins, McCrainie, and Bailey's Psychological Stress Evaluator. The factors which effect stress are listed: identification of stressors in the child's life, the child's adjustment to and perception of these stressors, and assessment of the impact of the stressors on the child's functioning. The Conflict Tactics Scale showed those in treatment for stress from parental alcoholism were characterized by higher levels of verbal aggression and moderate violence from a parent.

Educators Want Training

According to Black (1985), the problems of teachers not feeling trained to help students deal with their pain and wanting the elementary school counselor to do activities and techniques

with students. Other literature gives evidence to the problem teachers have in helping children deal with their parents' violent, alcoholic outbursts and neighborhood gang violence. According to Hammond (1985), educators need assistance in helping children cope with their situation and learn to ask for help. Heinicke and Ramsey-Klee (1986) cite that youngsters need assistance with learning which adults they can trust to ask for help. According to Testa (1990), how social support in childhood helps children with more positive adult adjustment in adulthood. The Janis Self-Esteem Scale and Trauma Symptom Checklist were used to measure post sexual abuse trauma and dissociation. Those who received intervention in childhood perceived others' to be supportive. McCord (1983) found that maternal self-confidence, occupational success and education in adulthood appear to decrease vulnerability to adverse impact of child abuse. Cohen and Densen-Gerber (1982) found from personal physical/sexual abuse histories that 84 percent of the adults sampled reported a history of child abuse/neglect, but functioned well. Hollander (1989) said counselors should follow specific guidelines when they integrate child sexual abuse information into school programs. Downing (1988) examined how parental attitudes contribute to children's school learning and attitudinal disorders. Klein (1982) illustrated how cognitive, behavioral and psychodynamically oriented interventions have been effective with children's whose dysfunctional family's problems have influenced their attitudes about learning.

Effects of Familial Alcoholism

The effects of parental chemical dependency on a child are numerous. There are some behavioral, physical and emotional indicators of the disease. Some behavioral indicators are: troublemakers, "acting out", clowning, avoiding contact with adults as a result of the "Jekyll/Hyde" responses gotten at home, being afraid of authority, loners with poor peer relationships, being afraid of intimacy; super-achievers who are preoccupied with performing "perfectly", fear of failure, hyperactivity, falling asleep in class due to unsupervised bedtime hours or inability to sleep, afraid to change for Physical Education class and having school phobias.

Some physical indicators of familial alcoholism are: inappropriate clothing for the weather in spite of adequate family means of support, attending school while physically ill, bruises in atypical places, hearing or allergy problems, eating disorders, and injuries from numerous accidents. Some attitudinal indicators are: sees all drinking as very negative, very knowledgeable about names of alcohol and types of alcohol/drugs and about sex, equates all alcohol consumption to alcoholic drinking, swears to never drink alcohol or take drugs, views their problems as having few alternative solutions, and has a "all or none" attitude. Some emotional indicators are: moodiness and temper tantrums, lack of concern over appearance and cleanliness, difficulty making friends, fatigue, and avoidance of arguments.

Hess (1989) demonstrated that the growing learning problem of children of alcoholics can decrease with their increased awareness of the effects of alcoholism on families. He conducted workshops, group sessions and individual counseling with these children. He also raised elementary children of alcoholic parent's self- esteem. Downs and Others (1990) discuss the relationship between experiences of parental alcoholism and violence during childhood.

There are many family effects of drinking. These children crave guidance and realize that they lack help from their parents. Sheppard and Mitchell (1986) say these children learn at an early age that they are on their own and need to handle situations for themselves. There is tremendous psychological and physiological damage suffered by these children as a result of parental alcohol use.

Social psychologists have found that many children of alcoholics behave in a socially responsible manner. These psychologists suggest that this is the children's survival technique as well. Responsible children effectively keep the home fires burning while the drunken parents are absent from their normal functional roles. The environmental consistency within the house becomes chaotic as well. The best way that responsible children see to providing order in the household is by providing it for themselves.

Other children become irresponsible and use drugs. Fournet (1990) said social learning theory is a feasible theory to explain drug involvement in the young. O'Brien (1990) said it is

important for children to get in touch with their feelings about alcoholism. Ringwalt and Palmer (1989) determined that parental alcoholism causes problems with friends, teachers, principals, police, community and family.

Jacob and Krahn (1988) observed family interactions of discussions about alcoholism and discovered more distress and familial alcoholism among families with depressed members. According to Edwards and Zander (1985), children in alcoholic families feel depressed or angry because they experience inconsistency, unpredictability, distrust, denial, lack of affection, attention and interest by their parents. Morehouse and Richards (1982) describe how parental functions are essential to children's growth/development and are damaged/destroyed by parental alcoholism.

Miller and Others (1990) examined the effects of childhood physical and sexual abuse on the development of alcoholism in adulthood. Children who are abused are at risk of becoming alcoholics in adulthood. Alcoholic female adults were more likely than the general public to have experienced physical and sexual abuse by their parents. Famularo (1989) mentioned that state percentages of reported physical abuse, sexual abuse, emotional maltreatment and child neglect have risen considerably.

Jones (1987) said a proportion of abusive families (16 to 60 percent) are resistive to treatment and re-abuse their children. Typically, they have persistent denial of the abuse. They also have a lack of empathy and use severe types of abuse. These parents also have done previous violent acts and were abused

themselves as children. Hodson and Skeen (1987) provide information on preventing and treating all forms of abuse, including sexual abuse.

Holtgraves (1986) suggested ways elementary school counselors can help sexually abused children help themselves. If counselors gain an awareness of family dynamics, establish trust, empathy and rapport with these children it helps. Otto and Brown (1982) feel counselors need to present an overview of the dynamics of the abusive family to teachers. This helps educators understand the extent of the multi-generational pattern of child abuse.

Brake (1988) said domestic violence and alcoholism in the home is symptomatic of the entire families' problem. Counselors should also recognize feelings of the victims and help build positive self-esteem in these children. Horowitz (1985) said there are many theories of sexual abuse and treatment programs for children. Hopkins (1989) talked about the importance of developing a team approach involving both school personnel and social service personnel in dealing with child abuse. Talbutt (1982) emphasized the need for standard reporting procedures using a team approach involving school personnel, families and victims. Batchelor (1990) said many educators need training in assessment and reporting of child sexual abuse. Paulk and Kilpatrick (1989) emphasize that training assists educators in implementing effective child sexual abuse programs.

Stasiewicz and Lisman (1989) showed that adult males who were at risk of abusing children, drank more alcohol when they

heard infants cry. Thus, adults who have a potential of being abusive also have a potential to use alcohol. Alcoholism and violence are truly continued from one generation to the next unless people receive intervention. The literature reveals how necessary it is for children to explore their feelings for healthy recovery and development. According to Lecroy (1986), educators should realize children need help coping with these experiences. Newlon and Furrow (1986) say counselors help children understand and cope with their familial problems. Steinhart (1988) felt counselors should acquaint educators with their responsibilities under revised child abuse laws. Slavenas (1988) said not only should counselors teach educators about reporting procedures, but also about the prevention and identification of child abuse.

Children of alcoholics must confront the barrier of denial that has surrounded them in the past. They are at maximum risk of becoming alcoholics, marrying alcoholics or developing the dysfunctional behavior of the alcoholic family. Harrington (1983) said the denial that is taught in the dysfunctional family leaves children with no understanding or concept of the magnitude of their problem.

Interestingly, Helplessness Theory developed by Seligman, Peterson and Kaslow (1984) proposed that children's depressive symptoms and the style they use to deal with bad events converge with those of their mothers rather than with their fathers. Children aged eight to thirteen who seem to attribute bad events to internally stable and global causes are more likely to report

depressive symptoms than children who attribute these events to external, unstable and specific causes. Seligman, Peterson and Kaslow (1984) feel this may be a risk factor for depression. It seems these children are at a higher risk of depression. Group counseling, discussing these issues relating to their parents' addictions is helpful.

In order to survive, these children must act tough and not show their emotions or weaknesses. They feel lonely and helpless, but cannot express it. Crabbs (1989) state they may turn to gangs for support or because they are pressured to join. Children of alcoholics do not have a supportive family. They often look to gangs for support. The gang can become their substitute family and fill a void for their family. Schwartz (1989) is concerned that gangs have become so prevalent that gangs have become common place. Pynoos and Eth (1986) talk about how students are entrenched in detachment when they are pressured by gangs. Crabbs (1989) claim children of abusive, alcoholic parents become so traumatized by violence at home, they feel a sense of futurelessness when they also see violence in the streets. Collison, Bowden, Patterson, Snyder, Sandall, and Wellman (1987) stress the importance of developing a school crisis plan team to deal with gang violence, child abuse and parental alcoholism.

Thus, the parental effects of alcoholism and living in gang affiliated neighborhoods has become a major focus in recent years. According to Ackerman (1986), problems of children of alcoholics were not discernible in the past from other injustices

of children including children's rights under the child abuse and neglect law. The center of attention has shifted in the seventies and eighties from the alcoholic parent, to the child who is most affected. Concentration has also focused on helping children cope with violence at home and gang violence by utilizing strategies they learn to ask for help. These children learn that they do not have to face trauma alone. The child who is not helped at an early age may continue the alcoholic cycle. The issues (parental alcoholism and violence) confronting these children have finally been recognized as important in their own right instead of as an aspect of only the parents' alcoholism and parenting (Ackerman, 1986).

Child Abuse Prevention

There appears to be much value of preventive counseling interventions and teaching coping skills in elementary schools. It causes a trend toward higher values among elementary children. This counselor guidance improves behaviors and attitudes of students. Studies by Gerler and Anderson (1986) have shown significant increases between pre and post testing in improving language and math scores of 453 fourth and fifth graders who participated in guidance group counseling sessions versus 443 who served as the no intervention control group. Krupka (1985) and McAndrew (1985) feel teachers can have a major impact on children of alcoholics in intervening and helping to increase children of alcoholics personal self-esteem and motivation to learn. Teachers spend more time with these children than many other professionals. Teachers have the potential to have discussions

about children in alcoholic families, so children will gain a better opportunity to understand how functional families behave. These children may compare this behavior with the behavior of their own dysfunctional families. These children are worked with by the counselor on a one-to-one basis.

Heinicke and Ramsey-Klee (1986) have found that the longer these children are counseled, the better their prognosis for developing a healthier attitude about themselves and gaining coping strategies when they encounter their alcoholic parents. Children of alcoholics who were given the WRAT- Wide Range Achievement Test, Rorschach and Stanford Binet Intelligence Test four times per week over time periods of 19 to 38 months exhibited significant improvements in personality functioning, reading skills and flexibility to adaptation. These improvements were not as great in the group of children who underwent the test once per week. After a one year follow-up study, these same seven to ten year olds were still functioning better. Marcus (1986) determined that children of alcoholics typically do not perform well on academic achievement tests without intervention. Thus, according to Heinicke and Ramsey-Klee (1986), some treatment was found to be more effective than no treatment, and the more treatment these children receive, the more effective it is. DiCicco (1984) said the Cambridge and Somerville Program for Alcoholism Rehabilitation (CASPAR) in Somerville, Massachusetts developed a peer education program that has been successful in recruiting youths from alcoholic families. The program's focus was on alcoholism and its' effects on the family, the child's

relationship with others and their measure of coping with their alcoholic parent.

Tamularo, Stone, Barnum and Wharton (1986) say children of alcoholic parents quickly learn how to deal with the great potential of being abused and try to protect themselves. Robinson and Others (1990) discuss the theory of the foundations for successful coping. He outlines a set of fear specific age appropriate activities to help children develop coping skills. Smith (1988) stated the importance of using self-effacing humor, humorous cartoons and posters, assignments with a humorous focus, humorous quotations, jokes and anecdotes, and games when counseling serious children of alcoholics. Many professionals in hospitals need to be aware of the high risk of abuse when parents have become intoxicated and lose control.

Many children, some as young as five years of age, can be detected as possibly being from alcoholic families. Most of the abuse cases happen to children five years old and younger. According to Klein (1982), there is a significant relationship to projective identification among family members and transference of anxiety and maladjustment from parents to children who are five years of age and younger. Thus, family therapy is most beneficial for children in this age group. Campion and Fry (1985) state the family therapeutic process and early school intervention is of great benefit to children of alcoholic parents. Waite and Ludwig (1983) discuss the effects of alcoholism on the entire family. They review a whole system of behaviors and strategies that are developed to handle the

alcoholic family member. They also cover methods to maintain the family homeostasis. Gravitz and Bowden (1985) feel simultaneous parental therapy while the child receives therapy, is crucial to the child's progress. The phenomena during therapy of children with emotional disorders and their parents consists of two therapeutic stages. These stages are concerned with the rigidity of children and the changes of their image of others and themselves.

Rosenzweig (1984) discussed primary prevention of child abuse, child injury, substance abuse with children and school maladjustment. There are numerous methods of prevention with children, action approaches to primary prevention and ideas for school-based intervention programs. Vernon and Hay (1988) feel preventative approach to child sexual abuse and other forms of abuse is the best form of early assistance that can be given to these children. Forrest (1983) said school counselors should consider using many interventions including; self-esteem building, cognitive restructuring, correcting misconceptions, improving social interaction, relaxation and coping skills. These interventions help students to alter negative internal self messages. The major factor to overcome is educators feeling overwhelmed with other responsibilities.

Hollander (1989) felt the school's role in dealing with child abuse is very important. Gerler (1988) said there are many harmful effects of child abuse. There are numerous beneficial effects of educational programs designed to deal with child abuse. Gerne and Gerne (1986) say the counselor needs to

implement both effective treatment programs for abused children and programs of child abuse prevention. Slavenas (1988), Bleuer and Schreiber (1989) describe how effective child abuse prevention and referral programs can be. Allan and Anderson (1986) discuss how educational outreach programs for school personnel can help disseminate information concerning offenders, victims and non offending family members. Current state laws and proposed legislation should be covered. School system procedures and requirements for reporting suspected child abuse should be reviewed. Also, the counselor needs to make a list of community resources available to victims.

Vernon and Hay (1988) designed a sexual abuse prevention program to inform elementary students about various aspects of child sexual abuse. Trudell and Whatley (1988) found that sexual abuse prevention programs can contribute to victim blaming. Stephens (1988) offered educators recommendations for reducing the opportunity for child sexual abuse. Holmes (1987) said educators' roles in identification of abused children, subsequent reporting, and techniques for interviewing suspected abused children are important. Meddin and Rosen (1986) urge teachers to report suspected child abuse and act as appropriate role models for parents. Winfield (1986) suggested educators give children safety tips to avoid child abuse. Gerlardo and Sanford (1987) emphasize that the more counselors know about abusive family dynamics, the more ability they have to intervene, treat and prevent child abuse.

Fryer and Others (1987) say counselors' abuse prevention programs help reduce children's vulnerability to physical and sexual abuse. Nesbit and Karagianis (1987) explain that schools can also do alot to protect children from emotional abuse. Russel and Clifford (1987) say investigations of child abuse complaints need to be improved, but schools can help by giving police accurate information. Rondon (1986) and Tharinger (1988) say sexual abuse prevention programs decrease children's' stress, increase children's self-esteem and confidence, and help them learn how to assess and obtain help in problem situations. Herbert (1985) felt not only should teachers recognize the signs and symptoms of child abuse, but school administrators should know them also. Dezseran and Katz (1985) describe the planning, implementing and evaluating stages of a theatre-in-education intrafamilial child sexual abuse program called, "Choices." This programs helps children realize that they have choices and can say "no" to sexual abusers. This strategy empowers and gives these children some control of their bodies. Delson and Clark (1982) describe how play therapy groups can help children gain a sense of control. This helps them express their inner feelings. Gumaer (1984) said developmental play can have a positive impact on emotionally abused children. Herman (1985) felt teaching children about sexual abuse should be planned as a personal-safety component of the curriculum. Volpe (1984) said a discussion based approach to instructing students about abuse is effective in increasing student knowledge, and developing more positive attitudes toward professionals dealing with abuse.

Phyfe-Perkins and Birtwell (1989) discuss the importance of having a comprehensive child abuse prevention program to help children act out their feelings. Other literature gives evidence to the need for alcohol and gang education in the elementary schools. Sheppard and Mitchel (1986) say children's understanding of alcoholism depends on healthy attitudes of educators. Tamularo, Stone, Barnum, and Wharton (1986) feel counselors need to: explore their attitudes about alcoholism, abuse and gang violence, understand and know the variety of reactions children have. Alcohol and gang violence education should be part of the school curriculum. This education should be included in counselor training programs. Educators have a responsibility to report child abuse. Teachers, counselors, administrators etc. are mandated reporters of child abuse.

Child Abuse Reporting

Howell-Nigrelli (1988) asserted that elementary school counselors need to be aware and knowledgeable of issues surrounding child abuse. This author also states that counselors and other educators have a commitment to reporting any and all cases of suspected child abuse. In fact, all of society should take responsibility for accurately reporting cases of child abuse. Ferris (1988) cited that few elementary counselors possess sufficient education and understanding regarding child abuse hysteria syndrome. To avoid incidences of false reporting, elementary counselors need to be well-grounded in knowledge and skills about child abuse. Many teachers and administrators want to report any and every incident even if there is not a

reasonable (based on their clinical expertise or judgment) suspicion of abuse.

That is why Krugman (1988) said elementary counselors need to be cautious, well-informed and must avoid public hysteria surrounding child abuse by discussing the issues of unfounded versus false reports with educators. By reading backlash literature educators become better educated about child abuse. Belcher (1983) said exposing children to literature about abuse helps make them aware that abusive parents were often abused as children. It also helps abused children develop a positive self image. By discussing the need for better education and training for child protective workers, the prevention and treatment of suspected child abuse will improve.

Talbutt (1982) and Brassard (1983) emphasize the need for standard reporting procedures. They suggest counselors should organize workshops for parents and school personnel. There needs to be a team approach emphasizing the need to deal with families and victims of child abuse. School policy and the participants respective roles need to be clarified. Whitworth (1982) also recommends the necessity of having direct services in child abuse cases and the multi- disciplinary team approach. Whiteman and Others (1987) explored using cognitive-behavioral interventions with abusive families. This approach alleviated parental anger. It also used cognitive restructuring, relaxation training, problem solving and experimental interventions to help abusive parents to effectively control their anger.

School policy about child abuse reporting and the participants' respective roles need to be clarified. Strickland and Reynolds (1989) feel counselors need to consider the legal implications concerning child abuse. Remley (1989) said they must also consider new state laws and trends concerning the definition, reporting and the handling of child abuse cases. Kammen and Thompson (1983) found significant differences in protective service providers' service plans for substance abusers and their abused children. Famularo (1989) conducted a study of court ordered alcoholic parents of abused or neglected children. It is difficult to prove when these parents sexually abuse or physically maltreat their children. So, all educators can do is be observant for any physical bruises and report the suspected abuse. Representatives of all 50 states are able to outline their child abuse reporting procedures. Some states have had mandated reporting procedures in place since the nineteen sixties and seventies. Educators are mandated reporters of all forms of suspected child abuse.

Educators are required to take a class about child abuse in order to receive their credentials. The literature demonstrates a need for specific techniques, strategies and ways to help children with their anger and fear. Seligman, Peterson and Kaslow (1984) feel adults often try to protect children of alcoholics from the realities of alcoholism and violence.

Empowering Children of Alcoholics With Coping Skills

Elementary aged children need help in expressing their feelings and fears toward their alcoholic parents. Often when

their parents are sober they say one thing. Then, when the parents are intoxicated, they give inconsistent messages and say the opposite thing. Thus, these parents may say or do one thing while sober and behave in an entirely different manner while intoxicated. These parents discipline in extreme and inconsistent manners. They are either autocratic and very harsh, or they are permissive and very lenient. Children react negatively to both of these behavior extremes. These parents model black and white extreme behaviors for their children. According to Kelly and Goodwin (1983), these children need democratic parental control so that they will be more likely to comply to fairness, as in the non-alcoholic household, rather than rebel against the inconsistent messages of their parents.

Schall (1986), Perry and Bussey (1982) say counselors can help teachers identify these children, understand alcoholism and improve students self-esteem. Davis (1985) and Thomas (1989) feel counselors should help children cope with the emotional distress of family alcoholism and prevent them from abusing alcohol in adolescence or adulthood. Davis (1985) stressed the importance of giving these children information on the treatment for the alcoholic parent and for themselves in the event they ever become alcoholics.

Ackerman (1989) felt teachers should be consistent, build success, teach survival, teach coping, teach communication skills, allow students to be students, provide pleasurable experiences, build self-esteem and use bibliotherapy to help students gain insight. Then, pupils will trust teachers and be

able to talk about the abuse and parental alcoholism. Gerler (1988), Keitt and Wagner (1985) say teachers should also teach skills for students to best cope with academic, social and emotional pressures. One of the major reasons teachers need to be extremely involved in helping these children is because children of alcoholic parents have not received much assistance up until now. Triplett and Arneson (1983) say young children from alcoholic homes have been a neglected issue.

Campion and Fry (1985) feel it is extremely important to teach children about their family dynamics. Children need to realize they are not responsible for their parent's dysfunctional behavior. They need to know their parent's alcoholism is not their fault. Gravitz and Bowden (1985) highlight how Post Traumatic Stress Disorder often occurs when children experience intense, unusual or chronic stress such as; parental alcoholism and abuse. Thompson (1990) felt as violence increases in society, it is educators' responsibility to help students and families cope. Pragmatic intervention strategies can help people deal with their reactions to violence and post traumatic stress disorders. A structured group process approach helps people manage their physical, cognitive and emotional responses to trauma. There are seven stages of post-traumatic loss debriefing: introductory stage, fact stage, life review stage, feeling stage, reaction stage, learning stage and closure stage.

Gerler and Anderson (1986) concentrate on helping educators, particularly counselors to express their feelings and cope with student's reactions to parental alcoholism and violence so they

can better assist youngsters in dealing with their trauma. They used guided fantasy, yoga, autogenic phrases and thermal feedback as approaches to helping children manage stress. Bleuer and Schreiber (1989) say there are many things that can put children at risk such as; having alcoholic parents and being victims of abuse.

Downing (1988) said psychodynamic and reinforcement theory treatment groups help children who have been molested. Psychodynamic groups report slow, steady improvement in children's behavior. Reinforcement theory results show immediate behavior change and maintenance of change. Therefore, both orientations have positive aspects. McAndrew (1985) said children have different reactions to parental abuse and alcoholism. Some children of alcoholic, abusive parents withdraw from people. Some youngsters cling to adults for affection. Some children can't interact well with people.

Krupka (1985) stated since these children react differently at various stages of their development, many techniques such as: keeping a list of important telephone numbers, positive self-talk, relaxation guided imagery or deep breathing, discussing fairy tales or stories, role playing, puppetry, art activities, and Magic Circle discussions work with children who have experienced trauma. The literature reveals many ways of helping these children cope with the situation. Harrington (1983) focused on helping children deal with their reactions to their family disease of alcoholism and violence: exhaustion,

dependency, feelings of unreality, panic, preoccupation, hypervigilence, hyperactivity, regression and withdrawal.

Allan and Anderson (1986) describe a guidance project designed to help children develop skills to cope with crisis. They feel children need to understand the crisis and be aware of their changing thoughts and feelings. Then, children can use their learned coping strategies and behaviors to deal with stress.

According to Weddle and Wishon (1986), caregivers need to be helpers, caring, have caregiving skills, develop intended growth outcomes, and have communication skills for aiding children in expressing their feelings. Buwick (1988) suggested ways counselors can use normal physical and emotional stresses to help children learn coping behaviors, gain insight into their personal feelings and achieve self confidence. Wilson and Blocher (1990) examined the effects of anxiety management training, study skills counseling and modified anxiety management training on levels of test anxiety, test performance and self-esteem. This also decreased children's stress.

Roosa (1989) evaluated a Stress Management and Alcohol Awareness Program for children who participated in an eight week school-based curriculum on alcoholism to enhance their self-esteem and coping skills. Children need realistic, direct, and developmentally appropriate language to understand the alcoholism and violence are not their fault. Counselors should encourage educators to use specific terms to discuss alcoholism, child abuse and gang violence. Teachers and counselors can use books

and films to help children understand that they should not blame themselves. Hopkins (1989) considers the counselor's role in addressing the problem of physical child abuse from a family systems perspective. A definition of child abuse; models of interventions (social-interactional model) (family systems approach); and prevention of child abuse were discussed. Hopkins (1989) mentioned that it is the counselor's responsibility to extend these intervention models and prevention strategies to the school community, faculty, parents and children.

Orenchuk-Tomiuk (1990) and Newmaker (1988) also describe a family therapy treatment for child sexual abuse. They stress how necessary it is to have treatments for offenders and non offending parents. In addition, treatment for the child abuse victim is highlighted. Gosselin (1989) covered Patterson's theory of coercive family processes and its usefulness in understanding the nature and functioning of abusive families. This article reveals three approaches to the treatment of abusive parents: social learning, ecological, and supportive/discussion group. Social learning interventions appeared to work better than the other methods. The supportive/discussion method was not effective as a primary intervention for abusive parents.

Asen (1989) recreated real life stress situations in a multifamily group so that families can find new, nonviolent solutions to everyday problems. The literature also outlines behaviors these children display and recommends specific counseling skills and methods to help them. DiCicco (1984) explained that play therapy helps elementary aged children act

out their feelings. Rosenzweig (1984) said children's feelings of aggression can turn into their withdrawing, displaying self-destructive acts or having low self-esteem.

Educators can act as therapeutic agents, help children to understand and cope. Peers can act as an additional support network for children. Ackerman (1986) concentrated on the positive way to read books about alcoholism in order to launch discussions about alcoholism. Reading out loud and writing stories helps children talk about parental alcoholism. Flanzer (1986) said that unless children are given an opportunity to feel comfortable talking about alcoholism, they will not share in the classroom.

Educators have far reaching implications about how students view themselves and what they feel comfortable discussing. Professionals can encourage children to trust and openly talk about their feelings. The literature confirms that children may also experience anxiety or appear unconcerned, but they are having difficulty comprehending their situation. Gravitz (1985) said studies in the past few years have revealed that between 28 and 34 million children live or have lived behind the shadows of their alcoholic parents. Possibly many more children of alcoholics remain unnoticed largely because of the inherent characteristics of the alcoholic family.

Flanzer (1986) felt adults may view children's reactions as cold. DiCicco (1984) explained that children of alcoholics cope differently with abuse and alcoholism. The criminal justice system and media may continually traumatize them with questions

when these children tell a mandated reporter about their abuse or parents' alcoholism. Children need support to help them deal with the physical symptoms they may develop such as: insomnia, eating problems, headaches, muscle tension, and anxiety. They can also experience a loss of concentration, disorganization, rage and pain. This is why professionals working with these children need to be trained in how to work with abused children of alcoholics. Professionals should make a greater effort in becoming educated to develop about alcoholism and children of alcoholics to develop age appropriate programs aimed at increasing awareness of the family disease and its' effects on the children. In order to help young children of alcoholics, professionals need to provide them with referrals to other agencies when appropriate.

Crisis Intervention

Arena, Hermann, and Hoffman (1983) talk about how crisis intervention models are utilized by the school community to help people deal with gang violence in their neighborhoods and assist children to act out their anger in healthy ways. Petersen and Straub (1992) feel the community needs to assist children with coping strategies for successful resolution of a crisis. Children need help in understanding the situation and expressing their feelings of anger and fear about what happened. Jaffe, Wilson, and Wolfe (1986) feel early intervention should focus on children's attitudes about alcoholism and violence.

Teachers and counselors should notice children whose names or faces they can never remember, try one-to-one contact, point

out and encourage the child's strengths or talents, help the child build relationships with peers and encourage him/her to work in small groups on projects. According to O'Rourke (1990), support groups allow children to express their feelings and build relationships in a safe environment. Teachers and counselors should not let them off the hook by letting him/her remain silent or by never calling on him/her.

Erickson's psychosocial theory of child development serves as an excellent model and explanation of what happens to children who are affected by chemical dependency. He combines the psychological, biological and social aspects of social development. The etiology of alcoholism is also "psycho-social" and it is viewed as a physical, emotional and social disease.

Statistics About Children of Alcoholics

Thompson (1990) said there are about 7 million school- age American children in alcoholic homes. Watkins (1989) said there are over 28 million adult children of alcoholics in the United States, 22 million of whom have now reached adulthood and continue to experience emotional, mental and physical effects of life in an alcoholic family. Wood (1982) explained to defend against the alcoholic family system, the "hero" in adulthood may become a therapist working with chemically dependent families. It is estimated that one out of every four elementary school children live in a home that is affected by alcoholism. Although this may be the central aspect of their life and growth, the majority have little or no understanding of how they are affected.

Characteristics Of Children Of Alcoholics

Children in chemically dependent families display some predictable characteristics and behaviors which categorize them in certain roles. Black (1985) said children of alcoholics frequently assume one of four roles. These include; the responsible child, placator, adjuster, and acting-out child. Fisher (1989) described the child roles of scapegoat, hero, lost child, and mascot. Many become isolated and afraid of adult authority figures. Often, they become approval seekers who lock onto an identity and are frightened by angry individuals and personal criticism. The roles children adopt in chemically dependent families have also been described by other clinicians and generally include a "too good to be true" child, as well as a "problem child."

Sharon Wegscheider-Cruse (1985) has described the roles of these children and offers some guidelines that may be effective in intervening with them. The "hero" or perfect child is usually an only child or the first born child. This child is always volunteering, very responsible, compulsive to be on top, has a need for attention and is parental or bossy. Teachers and counselors should give him/her attention when he/she is not achieving, try to separate self-worth from achievements and let him/her know it is okay to make mistakes. Teachers and counselors should not let this child monopolize the conversation, be first to answer all the time and let him/her validate his/her self-worth only through his/her achievements.

Responsible children are usually the oldest or only children. Typically, younger children in the home act asadjusters. Adjusters allow the functioning parent to perform their duties in the household while the other parent is non-functional. If both parents are non- functioning, older siblings take care of the adjusters.

The "scapegoat" or rebel is usually the second born child. This child blames others, makes strong peer alliances, is frequently disciplined by teachers and principals, talks back, neglects work and can be very frustrating to work with. Teachers and counselors should let this child know when his/her behavior is not appropriate, give strokes when he/she takes responsibility, develop empathy to prevent getting angry, set limits, give clear explanations of responsibilities/choices and consequences, and consistently follow through with all consequences. Teachers and counselors should not feel sorry, treat them differently or give them more power, agree with their complaints about others or take their behavior personally. The "loner" or withdrawn child is usually the third born child. This child gets lost in the shuffle, is very quiet, seldom is a behavior problem, has few friends and other students either leave them alone or tease them.

The "mascot" or clown is usually the youngest child. This child tends to be funny or distracting, frequently gets attention and likes to act out. Teachers and counselors should hold this child accountable for his/her disruptive behavior, encourage responsible behavior by giving him/her a job with some

importance/responsibility, encourage appropriate sense of humor and insist on eye contact.

Educators should not try to "laugh with" the "mascot" child. The most important consideration is that once these roles have been established, it is very difficult for these children to incorporate other behaviors which are vital to their emotional and psychological well being. Claudia Black (1985) said rules within the alcoholic family system of don't talk, don't trust, or don't feel also impair a child's emotional and social development.

Results Of No Treatment For Children Of Alcoholics

In recent years, research only briefly addressed the child of the chemically dependent parent growing up with violence at home and in their neighborhoods, while still directing its primary focus on alcoholic adults. There were treatment programs and counseling designed for adults, while giving little relevance and concern for the unique needs of their children. The end result was that children were neglected, forgotten and raised with the dysfunctional behavior typical of children of alcoholics in addition, to violence in their environment. In general, these children were forgotten when traditional methods of problem treatment were used. These children's concerns were not addressed, they were not seen or heard.

According to Black (1985), that's why the children continued the cycle where their parents left off, becoming chemically dependent or developing behavior characteristics similar to their parents behavior. These children mature to adulthood remembering

the lessons they learned while growing up. Their experiences of fear, mistrust, inconsistency and violence are continued into adulthood unless they receive intervention. They need to be treated by counselors educated in the field of chemical dependency to prevent they cycle from continuing.

Gravitz (1985) said school aged children of alcoholics have been ignored by health professionals while adult children of alcoholics have received increased attention only within the last ten years. Children of alcoholics may not have received much research or treatment consideration because many alcoholic parents do not refer their children for counseling, educators do not know how to assess if children have alcoholic parents and many health professionals do not have much experience working with them. Watkins and Bradbard (1982) review the definition of maltreatment and characteristics of maltreated children. They also suggest strategies for treatment and intervention for entire families.

History Of Treatment Strategies For Alcoholic Families

Only since the early nineteen sixties when laws were passed regarding the reporting of child abuse has any progress been seen in children's defense against the disease of alcoholism. Alateen did not develop until the nineteen seventies. Alatot did not begin until in the nineteen eighties. Ackerman (1986) says it became apparent to researchers and mental health professionals that the continuing cycle of family alcoholism and began with children.

Causes Of Familial Alcoholism

Logue (1986) believed heredity (alcoholism) and environment (violence) have an impact on the development of children. These effects began with the development of the personalities of parents who are themselves often children of alcoholic, violent parents traumatized when they become parents. The genetic, biochemical and neuro-physiological mechanisms involved in alcoholism and violence may begin to affect children at the moment of conception. There are serious threats to normal physical development of the fetus of the alcoholic mother. Weddle and Wishon (1986) state psychological anomalies associated with fetal alcoholism syndrome include higher rates of infant mortality, prematurity and poor motor development. Because stress level may be high, the wives of alcoholics are often physically abused and neglected.

The wives need for security goes unmet, their emotional and personality development is also often impeded. Weddle and Wishon (1986) say children of alcoholics often use the following defense mechanisms: regression, repression and sublimation. Logue (1986) said if parents consume enough alcohol, it can effect the unborn child. The chances of being affected by Fetal Alcohol Syndrome (FAS) are high for children whose mothers drink heavily during pregnancy.

These children may also continue the abusive, alcoholic cycle by the learned behavior from their parents. As Logue (1986) explained, at least some of the behaviors associated with alcoholism and violence are learned behaviors, rather than solely

genetically determined involuntary behavior. The behavior that children learn (inconsistency and fear) that exist when their inebriated parents return home may indeed aggravate the genetic disorders in place in these children that were passed down from their parents. These children become use to alcoholism and violence. They feel it is a normal part of life and do not know how more functional families live. These children's family life and neighborhoods are chaotic, unpredictable, arbitrary and inconsistent. These children do not understand the chemical amnesia their parents exhibit. What may be true one day may not apply the next day.

According to Edwards and Zander (1985) life becomes unpredictable and inconsistent on a regular basis. As a consequence of this inconsistency children learn specific lessons and adapt their behavior to this ever changing set of circumstances. Gravitz (1985) said they develop survival techniques that are carried into adult life. They become very sensitive (hypervigilent) to their environment. They ask questions like; "Is mother or father drunk today or are they sober and able to love?"

Ackerman (1986) said these behaviors do not leave children once they reach adulthood. Ackerman (1986) noted that as many as 40 to 60% of the children of alcoholic parents become alcoholic themselves. These children are more affected by the disharmony and rejection that exists in the home life than by the parental drinking itself. Children of alcoholics see the use of alcohol as a method of coping with difficult situations. Davis (1985)

said many children cope with the emotional distress of family alcoholism by abusing alcohol in adolescence or earlier. According to Logue (1986), research at Downstate Medical Center in Brooklyn, New York has shown that individuals at high risk of becoming alcoholic have an abnormal brain wave pattern (a difficult P3 brain wave) that suggests some electrical aberration in the brain of children may be inherited from the alcoholic parents who also exhibit the abnormal brain wave pattern. Among these children of alcoholics, depressed levels of zinc were found in their blood which suggests that some metabolic functions were askew.

Studies done on families showed that hyperactive boys in the family more than likely had fathers who were alcoholic. This points to possible neurochemical disorder among the boys that is passed down from the alcoholic father. The genetic determinants that effect alcohol consumption and the alcoholic may be traced in children and their parents by the presence of acetaldehyde in the blood. Logue (1986) says acetaldehyde is a highly reactive substance that is metabolized into the liver and absorbed into the blood stream when alcohol is consumed. According to Gravitz (1985), many of these children limp into adulthood behind a facade of strength. Their family displays the facade of a more normal, functional family. That is why their problems remain hidden from educators.

The secrecy, the hiding the bottle, the pretending everything is fine and not violent, the approval seeking and socially acceptable behavior give the abusive, alcoholic family

the appearance of normalcy. Family violence is a way for the parents to gain mastery over their world of living with gang violence. Often, the violence takes the form of sexual abuse, incest and child abuse. Holtgraves (1986) suggested counselors can help abused children help themselves. He stresses counselors should develop an awareness of the family dynamics; establish trust, empathy, and rapport; recognize the victims' feelings; and build positive self-esteem. Horowitz (1985) and Hughes (1982) feel counselors should look for familial patterns and signs of psychological distress.

Otto and Brown (1982) conclude that counselors need to basic information about abusive families to school personnel regarding family violence and the generational pattern of child abuse. Hughes (1982) explained in order for these children's self-esteem and school performance to improve, counselors need to educate their parents regarding parenting skills. Crowley (1982), Gerne (1986) Petersen and Straub (1992) suggest that school counseling programs should include relaxation training to help students and parents cope with life stresses. Janie Hart-Rossi (1984) felt the cycle of alcoholism that is seen time and time again perpetuates itself in family violence. Flanzer (1986) said children inherit their parents drinking styles as well as their violent behavior and the gangs violent behavior.

Garbarino (1987) and Zirman (1986) compared how abused children who survived the trauma of their childhood and grew up to be well-adjusted with a those who showed a high degree of psychosocial pathology. Zirman (1986) found that fatalism, self-

esteem, cognitive abilities, self-destructiveness, hope and fantasy, behavior patterns and external support facts about adult children of alcoholics

Corazzini (1987) explained if adult children of alcoholics become alcoholics, they need group therapy to understand their survival roles (hero, scapegoat etc.). These adults also need assistance in understanding how their alcoholism is a multi-generational process.

In adulthood, women receiving services for partner victimization/spousal abuse were characterized by higher levels of verbal aggression. Abuse in childhood definitely influences people in adulthood.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals

The goal of the group counseling and alcohol education program was that inner city elementary children whose parents frequently drink alcohol would possess knowledge and techniques to help them cope with their parent's drinking. It was also expected that parents and school personnel would possess the training and skills to effectively assist these children through their anger and ability to develop effective coping skills at home and in school.

Sometimes caregivers were limited in their response to the needs of children of alcoholics by their work settings. Traditional strategies of identification, intervention, treatment and prevention were appropriate in some settings. Caregivers weighed the pros and cons of a particular strategy. Among gaps in providing service to children were a lack of coordinated relationships among funding, regulatory and service agencies. Lack of dissemination of knowledge, lack of development of active program and material also created problems. The National Institute on Alcohol Abuse and Alcoholism sponsored the development of increased training programs for all types of

caregivers. Changes in policy and funding in the 1980's affected the development and availability of these programs.

Expected Outcomes

The following expected outcomes were projected for this practicum:

1. Elementary school aged children would more often use techniques they learned to cope with their parents' alcoholism and abuse as compared with the same students before being educated in coping skills.

2. Educators would utilize appropriate interventions (reading stories to students etc.) they were trained to use in helping pupils effectively cope with their trauma.

3. The educators would use their new-found knowledge of coping skills by integrating their understanding of abuse in alcoholic families and gang violence with the students as measured by a change in the students response to understanding of their parents alcoholic behavior.

4. The parents would acknowledge they had more frequent, improved communication and better interaction with their children.

At the end of the program, the Parent's Post-Questionnaire (see Appendix A) was to be administered to the 21 parents/grandmothers. Also, the Teacher's Post-Questionnaire (see Appendix B) was to be given to the 19 teachers at the end of the program. The Student's Post-Questionnaire (see Appendix C) was also to be administered to the 35 pupils at the end of the program.

Measurement of Outcomes

The program's success was to be measured by the parents, teachers and students responses on Post Questionnaires as compared to the Pre Questionnaires. The writer's expectations of the parents, teachers and students questionnaires showing a significant change in responses with students were to be obtained and participants were to be able to utilize new found coping skills. The writer also expected these children would more frequently have improved communication in relating to their peers and parents.

Changes in these students behavior in class and on the playground were to be measured by changes in pre-post questionnaires of teachers regarding student behavior. Changes in teacher-student interactions when students got angry were to be measured by comparison of teacher responses to skills relating to assisting traumatized pupils. Changes in the pupils understanding of their parents drinking behavior were to be measured by the students post questionnaire. Changes in parent-child interaction were to be measured by parents post questionnaire.

At least 16 of the 19 teachers were to show frequent improvement in student behavior as measured by pre-post questions 1-5 of the teachers questionnaire. At least 16 of the 19 teachers were to indicate in the teachers pre-post questions 5, 6 and 7 that they frequently used their new found skills to assist pupils with their anger. At least 29 of the 35 students were to show that they were able to think and understand their parents'

behavior as measured by questions 9 and 10 of the students pre-post questionnaire. At least 17 of the 21 parents were to acknowledge that they had frequent and improved communication and interaction with their children as measured by the parents pre-post questionnaire.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Many inner city elementary children whose parents frequently drank alcohol had difficulty relating with their peers and coping with their parent's drinking. Some possible solutions gleaned from the literature were: Collision, Bowed, Patterson, Snyder, Sandell and Wellman (1987) feel a school crisis intervention team would provide support to pupils and staff. According to Wilder (1980) once adults become comfortable talking about violence, they will become more effective in helping children cope with it. DiCicco (1984) felt when educators are at ease talking about alcoholism, children of alcoholics will trust and discuss their feelings more.

Description of Selected Solutions

On the basis of preceding research, the writer was convinced that group counseling and alcohol education would influence these children, their parents and educators in positive ways. With consensus of all 21 participating parents and 19 participating educators, it was hoped that this strategy would prove successful. The writer also believed that in addition to involving parents in this program, the teachers would also benefit from weekly inservices. Of course, the most significant factor was the students weekly group counseling sessions, but it

was also important to have weekly parenting classes and teacher inservices. In order for the students to improve, they needed their parents and teachers involvement or support. Table 2 shows the teachers opinions about their students. Table 1 shows the parents opinions about their children.

Another viable intervention strategy was to increase parental interaction and involvement in their children's group counseling process by encouraging parents to volunteer in the classrooms. This demonstrated to the children that their parents cared about them and wanted them to be successful. This intervention also provided, for parents, alternative methods to encourage their children's efforts to effectively cope while for the children it provided alternative methods of viewing their behaviors during the coping process.

Report of Action Taken

The writer wrote in an observation log everyday and recorded difficulties that resulted. The unexpected events were recorded in journals relative to each technique and intervention strategy. The journals afforded a means of recording both quantitative and qualitative data. This information provided an ongoing and systematic approach to program analysis, decision making and organization.

Recording each intervention strategy in the journals allowed the writer to assess which techniques were most successful with pupils and helped improve their ability to cope with their parents' drinking. It was planned that as students' coping

skills improved, they would perform better. Each week, the writer recorded how the counseling sessions worked.

The writer observed the pupils in the classrooms and on the playground and consulted with their parents and teachers on a weekly basis to see how much better the students' coping skills were. When a student did not improve, the writer reassessed and re-evaluated what other intervention strategy was necessary. For example, often that student required more individual counseling sessions (not just group counseling) and more adult reinforcement. Sometimes a student required more positive free time to work alone with his/her teacher once a week during recess time.

During the second month of the counseling program, there were riots throughout the community and city. Thus, the schedule for Thursday and Friday of one week needed to be canceled because the school was closed. During the week following the riots, the entire school was in crisis. The writer went into all the classrooms to talk with the teachers and students. Thus, the writer had many new crisis intervention counseling referrals that week. So, the writer continued the alcohol parent education training groups and student counseling groups each week in conjunction with the crisis intervention classroom visits and crisis counseling during the following several weeks. Two months later, a series of earthquakes occurred and the writer continued the crisis counseling.

The writer also had one counselor intern for two months and one counselor intern for four months. These interns assisted

with crisis intervention counseling during the riots and the earthquakes. The writer found it challenging to organize these interns schedules.

The writer suggested that alcohol education was appropriate not only for children of alcoholics, but rather, for all children. The writer explored training opportunities and alcohol workshops for educators. This helped involve educators to feel more confident in helping pupils better cope with their parents drinking. This helped these children feel they had the ability to make a safer environment for themselves. It also enabled these youngsters to feel more power to seek help when they needed it. They felt they had more support from educators and the community. It was incumbent upon educators to utilize various strategies to increase students' ability to cope with their situation. Thus, school personnel had the opportunity to enhance these children's chance to develop effective coping skills. They helped these children effectively deal with their parent's drinking because they were going to be trained in alcohol education.

The writer identified the students (based on student self-referrals) in need of group counseling and implemented training these students. The writer believed this process works because there was a need to develop this education based on what was happening in society. The writer took the following steps: 1) consulted with other educators to determine who was interested in alcohol education, 2) consulted with teachers (and students who referred themselves) to see which pupils needed group counseling,

3) organized the seven counseling groups, with five pupils in each group, 4) completed alcohol education training discussions for teachers, parents and groups with students and 5) conducted weekly one hour workshops about chemical dependency and coping skills for parents who were interested. The writer saw the 19 teachers together once a week for in-services. The 21 people in the families were also seen once a week. The 35 pupils were also seen in small weekly group counseling sessions.

Personal weekly parenting classes, teacher inservices and consultations were used to determine behavioral changes in the 35 children at home and in school during class or on the yard. Initially the 21 parents/grandmothers were conferenced as a group by the 19 teachers and writer to submit their written account of their children's behavior at home by circling frequently, sometimes or never as answers for the Parent's Pre-Questionnaire. The same was done for the Parent's Post Questionnaire. The response method was minimal so the parents felt confortable allowing their children to participate in the group counseling program.

During the second session, students discussed definitions of alcoholic, children of alcoholics, chemical dependency, dysfunctional behavior, child abuse, family system, family system rules, family member roles, violence and CAST - Children of Alcoholics Screening Test (Black, 1985). The counselor assisted the pupils in spelling and writing down these terms in their booklets or logs to keep in their folders. The counselor assisted the pupils in spelling and writing down these terms in

their booklets or logs to keep in their folders. The counselor discussed these terms with teachers during their weekly training inservice.

During the third session, students discussed the roles each of their family members play (Virginia Satir - placator, blamer, computer, distractor. Claudia Black - hero, etc.). They discussed what rules their family has (Claudia Black - Don't talk, Don't trust etc.). Students drew pictures of their family acting out their family rules. Students used the counselor's puppets to demonstrate interactions in their family. The counselor assisted the pupils in using whatever puppets they wanted to (human family members or animal puppets.) The counselor discussed alcoholic family roles and rules with educators during their inservice this week.

During the fourth session, the students discussed their feelings about what rules their family has. They discussed what roles each family member plays in their family. They drew pictures of what they perceived each of their family members to look and act like while they were in their roles.

The counselor collected each student's drawing of an activity he/she did with his/her family (first session), the students' booklet or log of definitions (second session), each pupils' picture of his/her family rules (third session) and the picture of his/her family roles (fourth session). The counselor helped each student to put all of their pictures and booklet or log in a memory folder for them to keep. The counselor reviewed

alcoholic family system roles and rules with teachers during this week's in-service training.

During the fifth session, students talked about all the different kinds of alcoholic beverages. They tore pictures of different alcoholic beverages out of magazines and made a collage. The counselor helped pupils label each picture of alcoholic beverage. During this teacher in-service training, the counselor gave the teachers a copy of the book entitled, "The Secret Elephant: A Story About Alcoholism" to read to their classrooms.

During the sixth session, students discussed their feelings about their parents drinking certain alcoholic beverages. They wrote down how many drinks and when their parents drank. They recorded these things in their booklet or log. The counselor helped them with spelling and grammar. The counselor encouraged teachers to discuss what happened last week in their classrooms when they read the book called, "The Secret Elephant: A Story About Alcoholism."

During the seventh session, students discussed their anger about their parents' drinking. They wrote down assertive comments they could say to their parents when their parents are sober. ("Please don't drink. It's bad for you. I won't make your drinks for you. I'm going to my room now. Don't hit me or I will tell an adult." etc.) The counselor helped pupils spell words and write these sentences in their booklets or log. The counselor gave teachers suggestions about how to assist their

students (who referred themselves for group counseling because they had alcoholic parents) to say assertive comments.

During the eighth session, students discussed if/how they wanted to get revenge against their parents. Students "acted out" by using puppets. Students wrote a list of adults' telephone numbers to call when they needed to. They kept this list on an index card and carried it with them and they kept a copy of the list in their booklet or log. They obtained some telephone numbers from the telephone directory, calling 411 information and the operator. The counselor also reviewed with them about calling 911 for emergency numbers like, the hospital, police, fire department etc. The counselor helped students do brain-storming and problem solving strategies to resolve their feelings. The counselor helped students write down problem solving steps in their booklet or log (1. Ignore parents drinking and go to bedroom, 2. Tell parents assertive comments to stop drinking or you'll tell an adult, 3. Get list of telephone numbers of safe people to call and tell an adult about your parents' drinking).

The counselor helped students put their collage of alcoholic beverages (fifth session) booklet or log record of how many drinks and when their parents drank (sixth session), booklet or log of assertive comments (seventh session) and their booklet or log list of emergency telephone numbers of trusted adults to call when they needed help (eighth session) in their memory folder. The counselor asked the nineteen teachers to share ideas of how

they empowered their pupils from alcoholic homes to maintain a current list of emergency numbers.

During the ninth session, the counselor demonstrated and taught students relaxation techniques (deep breathing, tensing and releasing) and positive self-talk to cope with their angry feelings. Students discussed how it felt to express their anger and how they could show their anger in appropriate, healthy ways. The counselor helped students write stories in their booklet or log to help them get out their feelings. The counselor practiced relaxation techniques with the teachers and encouraged them to plan it into their routine everyday at the beginning of the day, after recess and after lunch.

During the tenth session, students discussed how writing helps them feel better. Students wrote letters to their parents about their feelings. They wrote letters to their parents and teachers about what they needed or wanted to feel safe again. The counselor helped the students write these letters on paper to show their parents and teachers if they wanted to when they were ready. The counselor also helped the students copy the letter into their booklet or log. The counselor asked the in-serviced teachers to discuss what happened with their students of alcoholic parents when students wrote letters to their alcoholic parents.

During the eleventh session, students read their letters in the counseling group. The counselor and teachers encouraged students to write their feelings down and draw pictures whenever they couldn't concentrate in school or feel sad at home and have

privacy. The counselor encouraged students to save these papers to put in their memory folder. The counselor educated teachers during this week's in-service training about the necessity for these children to daydream about a better life and feel safe to share their feelings with a caring, nurturing teacher.

During the twelfth session, students discussed how much it helped to talk about their feelings in group counseling. They talked about much better they got along with other children at home and school. The pupils explained how much better they could concentrate at school so far and what they could do when they have difficulty concentrating. The counselor talked with the teachers and did observations of the students to assess the pupils' progress so far.

The counselor helped students put their stories about anger (ninth session), letters to their parents and teachers (tenth session), and letters about what they did when they were sad and couldn't concentrate (eleventh session) in their memory folder. The counselor reassured students (twelfth session) that their memory folders would be kept in a safe, secure place in the counseling office. The counselor explained to teachers that typically school was the only safe place for these children to express themselves.

During the thirteenth session, the students discussed what confidentiality meant. The counselor explained that what they talked about in group counseling was confidential. The counselor explained that if a student was being hit by an adult that the counselor (mandated reporter) wanted to help the student get help

from police so they would not be hurt again. The counselor reviewed with teachers the mandated procedures for reporting child abuse.

During the fourteenth session, the students listened to the counselor read them a story called, "My Mother Is An Alcoholic." Then, the students drew pictures and talked about how the story made them feel. The counselor listened to students' comments about the story. The counselor gave teachers a copy of this book to read. They discussed how they felt their students from alcoholic families were influenced. These nineteen teachers also discussed ways they could help make these students school experience more nurturing.

During the fifteenth session, the students identified the roles each character portrayed in the story, "My Mother Is An Alcoholic." They discussed the roles they played in their families (hero, lost child, scapegoat, and mascot). The counselor helped them write a sentence about how they play various roles in their families.

The counselor helped the students act out the various roles their family members play. The students discussed their feelings about the roles. The counselor asked the in-service teachers to mention what roles their children from alcoholic homes might play in the family and classroom.

During the sixteenth session, the students discussed and identified the effects of parental alcoholism on them. They discussed the concept of enabling. The counselor discussed with them that their roles and enabling were learned behaviors and

were a means of coping, but it was important not to get stuck in their roles.

During the seventeenth week, one track went off and a new track came on. The students discussed their high risk of becoming chemically dependent or forming a relationship with another chemically dependent person. Group members shared the commonality of feelings shared by children of chemically dependent parents. The counselor helped them draw pictures (using colored chalk) of their fears of becoming like their parents. Then, they drew big, black X's through their pictures. They put their pictures in their folders to keep.

During the eighteenth session, the students developed an understanding, practice listening and observing other student's feelings about chemical dependency. They realized they were not alone and could give each other emotional support. The counselor discussed what empathy verses sympathy meant. The students wrote definitions of empathy and sympathy. They kept their papers in their folders.

During the nineteenth session, the students discussed what co-dependency meant. They developed an understanding, practiced listening and observed other student's feelings about chemical dependency. They realized they were not alone and gave each other emotional support, nurturing or comfort. The counselor asked them how they comforted each other.

During the twentieth session, the students discussed what co-dependency means. The counselor helped the pupils discuss how they enabled their parents to drink alcohol, how their

brother/sisters, other parent, relatives and friends were enablers also. The counselor helped students and their relatives to decrease and cease their co-dependency.

During the twenty-first session, the students discussed the rules of a co-dependent family system: Don't Talk, Don't Trust, Don't Feel. The counselor asked students to think about a child and adult within their family and outside their family they trusted and could talk to about their chemically dependent family. The counselor helped the students understand how not talking about these issues caused the family secret of alcoholism to continue.

During the twenty-second session, the students discussed how their alcoholic parent was in denial. They discussed how alcoholism was a learned behavioral attempt to deal with stress and a disease because it causes physical and psychological addiction to alcohol. The counselor helped the students write the definitions of learned behavior, disease, physical and psychological addiction. The children kept their papers in their folders.

During the twenty-third session, the students discussed what it meant to have frozen feelings and psychic numbing when they experienced a traumatic event that was too painful to remember. The counselor helped them make figurines of themselves out of clay to demonstrate how their feelings became stiff and frozen, like clay. The counselor helped them realize the importance of letting their feelings out by talking with people they trusted.

They kept their clay figurines next to their folders in the counselors' office. They showed their work to their teachers.

During the twenty-fourth session, the students discussed compulsions (alcoholism etc.) The counselor discussed how sometimes children of alcoholics developed compulsions (alcoholism, workaholism - over achievers, family heroes who have no choice but to be compulsive and try to make their family look good. The counselor discussed the importance of laughing and having fun because life doesn't need to always be serious.

During the twenty-fifth session, the students discussed how their parent's drinking sometimes caused them to feel bad about themselves, like something was wrong with them, that it was their fault and were to blame for their parents' alcoholism. The counselor discussed guilt, shame, and low self-esteem/worth. The counselor helped students make collages of activities that made them feel good about themselves. They cut out pictures from magazines and glued them on small posters to keep in their folders.

During the twenty-sixth session, the students said three positive statements about themselves and other pupils. The counselor helped them practice saying positive self-statements to themselves three times.

During the twenty-seventh session, the students made puppets of each member in their families out of small brown paper bags. The counselor helped them color and decorate the puppets with yarn to show their family members hair and clothes.

The students put on mini plays or skits that involved one or more of their family members who were chemically dependent. The counselor and students discussed their feelings about the family members' roles and behaviors. They kept their puppets in their folders and played with them whenever they wanted to.

During the twenty-eighth session, the students took turns talking about their favorite family television show. They discussed how the Brady Brunch television show was different from their family. They discussed their favorite book, Little House On The Prairie. The students discussed what they would like their family to be like. The counselor helped students understand that what they saw on television and read in books did not portray what functional families are like, but showed unrealistic or idealistic situations.

During the twenty-ninth session, the students drew pictures of their favorite television family show and story about a family. They discussed their dreams of what they wanted their family to be like when they grow up. The counselor helped them make a list of things they wanted to do to obtain their goals of having a functional family in adulthood (example: job after high school or college, non-alcoholic, non-violent spouse, friends, children).

During the thirtieth session, the students made a time line of when they wanted to achieve each of their goals and what they needed to do to reach each of their goals (example: study to graduate from high school, work to save money for college or work to save money to move away from chemically dependent parents,

carefully choose a spouse who is not chemically dependent and has similar ideas about career and raising children). The counselor stressed the importance of never letting go of their future dreams and goals. The students kept their time lines in their folders to look at whenever they wanted to.

During the thirty-first session, the students looked at junior high school and high school graduation requirements, community college and four year university catalogs, tuition costs, financial aid applications, college applications, and various blue collar and professional/white collar job applications. The counselor helped the students practice completing various applications (example: McDonald's application, college application).

During the thirty-second session, the students discussed what they learned the past eight months and talked about if they wanted to continue talking with the counselor on a weekly or biweekly basis. The counselor let the students decide if they wanted to keep their folders in the counseling office, their classroom or take them home to share with their parents - if they felt it was safe to do so. Only a few student felt comfortable taking their folders home. Many shared their folders within their classrooms and returned them to the counseling office.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

Prior to implementing the counseling and alcohol education program, many elementary children had difficulty coping with their parent's alcoholism and communicating with their parents. Also, many teachers prior to training about alcoholism, did not feel confident talking to students about alcoholism. The students constantly thought about and worried about their parent's drinking. The writer spent 45 percent of the time concentrating on helping children learn techniques to cope with their parent's alcoholism. The writer spent 45 percent of the time helping educators utilize appropriate counseling interventions to assist pupils in coping with parental alcoholism. Another 10 percent of the time was spent on student observations, staff and parent consultations and data collection.

The writer expected the following occurrences or changes at the end of the counseling and alcohol education program:

1. Non-drinking parents would use their coping skills and understanding about alcoholism to assist children in communicating their needs at home and school 85% of the time.

2. Educators would utilize appropriate counseling interventions they learned to help pupils effectively cope with their parents' alcoholism 85% of the time.

3. Elementary children would use techniques they learned to cope with their parents' alcoholism 85% of the time and ask educators for assistance when they needed help.

At the end of the program, the writer gave 21 parents the Parent Post Questionnaire (see Table 4), 19 teachers the Teacher Post Questionnaire (see Table 5) and 35 students the Student Post Questionnaire (see Table 6). The results of the Parent Post Questionnaire indicated 20 parents felt their children frequently related well with other children. Only one parent felt her child sometimes interacted well with other children. Three parents explained their children had problems relating to siblings, but 18 stated that this was not a difficulty. One parent expressed sometimes her child initiated fights with neighborhood children and 20 parents said their children never initiate fights with neighborhood children anymore. Two parents commented their children were sometimes helpful around the house and 19 stated their children frequently helped them at home.

Table 4

Results of Parent's Post Questionnaire

Questions	Choices		
	Frequently	Sometimes	Never
1. Are your children having problems relating with their siblings and friends near home?	0	3	18
2. Are your children helpful around the house with brothers and sisters?	19	2	0
3. Do your children initiate fights with neighborhood children?	0	1	20
4. Do your children express their feelings to you?	20	1	0

N= 21 parents
8 single mothers,
5 grandmothers,
4 two parent families of 8 parents.

The results of the Teacher Post Questionnaire (see Table 5) showed the results of responses from 19 teachers who received weekly alcohol education in-services. The 19 teachers involved in the alcohol education and student group counseling program were very enthusiastic about the program. The Teacher Post-Questionnaire results show 18 teachers feel their students frequently share class materials with peers, are friendly and initiate conversations with their classmates. All 19 teachers reported their students readily helped classmates.

One teacher believed the inservices helped increase her knowledge about alcoholism so she can sometimes identify children from alcoholic homes, utilize appropriate intervention skills and help them deal with their anger. The other 18 teachers felt they could frequently identify and do intervention. Sixteen teachers felt they developed adequate skills to frequently help students cope with anger. Three educators felt that only sometimes they could help pupils cope with anger.

Table 5

Results of Teacher's Post Questionnaire

Questions	Choices		
	Frequently	Sometimes	Never
1. Are your students helpful if peers have problems?	19	0	0
2. Do your students share materials with other peers?	18	1	0
3. Are your students friendly and sociable?	18	1	0
4. Do your students initiate conversation with their peers?	18	1	0
5. Do you feel that you have adequate skills to assist pupils with their anger?	16	3	0
6. Do you feel that you have adequate knowledge to identify and assess children from alcoholic, abusive homes?	18	1	0
7. Do you feel you have sufficient knowledge of intervention skills as they relate to children from alcoholic, abusive homes?	18	1	0

N= 19 teachers

The Student Post Questionnaire results (see Table 6) showed the responses of 35 students who received weekly group counseling for eight months. The Student Post Questionnaire showed 25 students felt sometimes their parents drank alcohol when they were angry. Students cried when they felt their parents were mad at them when consuming alcohol. Only 10 students felt like crying when their parents drank alcohol and were angry. All 35 of these children learned how to decrease their anger so they would not fight, they understood how their parent's drinking effected them and they were willing to talk to the counselor about their feelings. All 35 of the children do not feel their parents' drinking is their fault. Now, 15 reported sometimes feeling afraid and 29 said they never were afraid when their parents drank because they could make themselves feel better. They would try many activities to feel better and 29 said they hide sometimes to get away from their parents' alcoholism. Six children do not hide anymore, but ignore whatever their intoxicated parents do. Sometimes 27 of these children yell at the intoxicated parents to try to get them to realize how they are harming the family and help themselves vent their anger. Eight of these children do not yell because they do not feel their intoxicated parents can comprehend what they are saying.

Table 6

Results of Student's Post Questionnaire

Questions	Choices		
	Frequently	Sometimes	Never
1. Do you want to talk to the counselor about your family?	35	0	0
2. Do you feel your parents get at you?	10	25	0
3. Do your parents drink alcohol (beer or wine) when they get mad?	10	25	0
4. Are you afraid of your parents when they drink alcohol?	0	15	20
5. Do you cry when your parents drink?	10	25	0
6. Do you yell at your parents when they drink alcohol?	0	27	8
7. Do you hide when your parents drink?	0	29	6
8. Do you feel it is your fault your parents drink?	0	0	35
9. Do you try to think of how you can solve the problem of decreasing your anger about your parents drinking?	35	0	0
10. Do you understand about alcoholism & how your parents' drinking effects you?	35	0	0

N= 35 students

Discussion

The counselor obtained the expected success with the parents at the end of the program. The children's improved ability to interact with other children demonstrates they learned how to effectively utilize their new coping skills. Their initiating fights has significantly decreased because they are able to find other solutions to deal with their problems. However, since students must defend themselves on the street, at times, they end up fighting. In certain situations they have no other choice but to defend themselves in order to survive in their neighborhoods. It will take longer to help inner city children to learn the peaceful alternatives to fighting. This program has helped the children to feel more sociable at school. The children have also become extremely helpful if their peers have problems.

Possibly the most rewarding and successful part of this program is that significantly more non-chemically dependent parents feel they can communicate with their children about the other chemically dependent parent's alcoholism. The children now feel more confident and do not feel alone. This program improved parent's, teacher's and student's confidence. The educators can now more effectively assist these high-risk pupils.

The writer believes the children involved in the weekly group counseling sessions for eight months benefitted from the program. Judging from post-questionaire responses from teachers, parents and children the children were able to cope more effectively with their parents' alcoholism after receiving thirty two weeks of group counseling. It would be interesting to see

how the students benefitted on a long term basis. For the purposes of this project, the program needed to be confined to eight months because of time constraints. The implementation of school crisis counseling with two counseling interns assistance helped the staff and students remain calm after the rioting and earthquakes.

During the last (thirty second) week, the writer realized it would be helpful to implement the alcohol group counseling program on an on going basis. Since there is a great need for an on going alcohol group counseling program in this large inner city elementary school, the writer plans to continue the program in January 1993 with the assistance of counselor interns.

Recommendations

The writer feels the following recommendations could benefit others:

1. The writer realizes the sample of 21 parents, 19 teachers and 35 self-referred students was a sample of convenience. The writer also realizes many students from alcoholic homes did not refer themselves for counseling and the 35 students who did are a select volunteer group with unique traits. The writer suspects these volunteers (typical for volunteers) were more outgoing, friendly, verbal, and academically successful than the general student population who did not volunteer. This volunteer sample population was biased in a certain direction and not representative of the general population. Volunteers tend to be first borns, to be obedient, to show high need for approval, to be more intelligent than

average and to have higher goals or aspirations. So, the results from using these volunteers are limited to inner city schools within the local area of other large cities with similar characteristics. The writer did use random assignment of putting the 35 volunteer students in random counseling groups. However, since all 35 students were volunteers, they have different characteristics than non-volunteers would have had.

2. It is recommended the counseling program not be confined to an eight month time constraint. The rioting and earthquakes could have prevented the program from progressing on schedule if the writer did not have two counselor interns to assist with the much needed crisis counseling. The writer believes when someone works in the inner city, he/she must anticipate the unexpected and frequent neighborhood traumas. That is why the writer welcomes the opportunity to supervise counselor interns every year.

3. The writer realized it would be beneficial to wait a longer period of time (six to eight months) between giving the Pre and Post Questionnaires to parents, teachers and students. This would eliminate "test-wise" results of teachers and parents remembering how they answered the pre test questions.

4. It is necessary to understand the sensitive nature of parental alcoholism and progress with caution to not unduly upset the chemical dependent parents. The writer only involved parents who wanted to be involved in the program. Only non chemically dependent parents attended meetings and took referrals.

Dissemination

Since there is such a great need for alcohol education and group counseling with the schools, it would be feasible and helpful to have more journal publications and further research done in the field. The writer has shared (at a meeting) the results of this counseling program with 54 other elementary school counselors within the community to assist them in implementing an alcohol education and group counseling program at their schools. The writer has received much positive feedback and interest from parents and other educators who have requested information about applicable professional journal articles and books that would be helpful for them to read. The writer hopes to publish an article about alcohol education in a professional journal.

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APPENDIX A

APPENDIX A

Parent Pre/Post Questionnaire

1. Are your children having problems relating with their siblings and friends near home?
   ____ Frequently ____ Sometimes ____ Never

2. Are your children helpful around the house with brothers and sisters?
   ____ Frequently ____ Sometimes ____ Never

3. Do your children initiate fights with neighborhood kids?
   ____ Frequently ____ Sometimes ____ Never

4. Do your children express their feelings to you?
   ____ Frequently ____ Sometimes ____ Never

APPENDIX B

APPENDIX B

Teacher Pre/Post Questionnaire

1. Are your students helpful if peers have problems?
   ____ Frequently ____ Sometimes ____ Never

2. Do your students share materials with other peers?
   ____ Frequently ____ Sometimes ____ Never

3. Are your students friendly and sociable?
   ____ Frequently ____ Sometimes ____ Never

4. Do your students initiate conversation with their peers?
   ____ Frequently ____ Sometimes ____ Never

5. Do you feel that you have adequate skills to assist pupils with their anger?
   ____ Frequently ____ Sometimes ____ Never

6. Do you feel you have adequate knowledge to identify and assess children from alcoholic, abusive homes?
   ____ Frequently ____ Sometimes ____ Never

7. Do you feel you have sufficient knowledge of intervention skills as they relate to children from alcoholic, abusive homes?
   ____ Frequently ____ Sometimes ____ Never

APPENDIX C

APPENDIX C

Student Pre/Post Questionnaire

1. Do you want to talk to the counselor about your family?
   ____ Frequently ____ Sometimes ____ Never

2. Do you feel your parents get mad at you?
   ____ Frequently ____ Sometimes ____ Never

3. Do your parents drink alcohol (beer or wine) when they get mad?
   ____ Frequently ____ Sometimes ____ Never

4. Are you afraid of your parents when they drink alcohol?
   ____ Frequently ____ Sometimes ____ Never

5. Do you cry when your parents drink alcohol?
   ____ Frequently ____ Sometimes ____ Never

6. Do you yell at your parents when they drink alcohol?
   ____ Frequently ____ Sometimes ____ Never

7. Do you hide when your parents drink alcohol?
   ____ Frequently ____ Sometimes ____ Never

8. Do you feel it is your fault your parents drink?
   ____ Frequently ____ Sometimes ____ Never

9. Do you try to think of how you can solve the problem of decreasing your anger about your parents drinking so you do not fight with other children at school?
   ____ Frequently ____ Sometimes ____ Never

10. Do you understand about alcoholism and how your parents drinking effects you?
    ____ Frequently ____ Sometimes ____ Never

APPENDIX D

APPENDIX D

Parent Consent Form

Student's Name: _____ _____

Address: _____

Birthdate: _____ Teacher: _____ Room: _____

Grade: _____Phone: _____

I give my permission for my child, _____ to talk with the Elementary School Counselor since he/she expressed a desire of wanting to talk to the Counselor.

Name: _____ DATE: _____
(Parent or Guardian)

SIGNATURE: _____
(Parent or Guardian)